

Choices for Care Moderate Needs Group Application

Instructions: Complete and mail to the chosen Case Management Agency in your county. Either the local Agency Area on Aging or Home Health Agency listed on the back.

SECTION A: Individual Information

Name: _____ ☐ Male ☐ Female
Last *First* *MI*

Mailing Address: _____ Phone: _____
Street/RFD/Box *City/Town* *State* *Zip*

SS #: _____ Date of Birth: ____/____/____ Does this individual have Medicaid? ☐ Yes ☐ No

SECTION B: Moderate Needs Services

Indicate the services the individual is applying for, the provider of those services:

☐ Adult Day Services: _____ ☐ Homemaker Services: _____
Adult Day Provider *Homemaker Provider*

SECTION C: Choice of Case Management Agency

You must choose one of the below agencies to provide case management services if you are found eligible. The case manager will assist with the ongoing service coordination. ***See Back for Locations**

☐ Area Agency on Aging **-OR-** ☐ Home Health Agency

SECTION D: Case Manager Name/Agency Completing Form

Name of Person Completing form *Agency Name* *Phone Number*

Signature: _____ Date: _____

By signing this application form, the individual/legal representative agrees to the following statements:

- ▶ I understand that my name may be placed on a waiting list and I will be notified if this is the case.
- ▶ I agree to provide medical and financial information to the persons who will determine my eligibility and provide services.
- ▶ I agree that all medical and financial information I provide is true the best of my knowledge.
- ▶ I give permission for the case manager and the Department of Disabilities, Aging and Independent Living staff to contact my legal representative (if applicable) and the agencies and medical providers I am currently involved with in order to determine eligibility and to eliminate duplication of effort.
- ▶ I understand that I must meet the general, clinical and financial eligibility criteria to be eligible for VT Long-Term Care Medicaid "Moderate Needs" services.
- ▶ I understand that if found ineligible for Moderate Needs services, I will be informed of my appeal rights.
- ▶ I understand that Case Management services are limited to up to 12 hours per calendar year.
- ▶ I understand that Homemaker services are limited to a maximum of 6 hours per week.
- ▶ I understand that Adult Day services are limited to a maximum of 30 hours per week.
- ▶ **To the best of my knowledge, the information on this form is correct.**

Applicant/Legal Representative _____
Signature *Date*

This Section to be completed by Case Manager ONLY

☐ New Application or ☐ Reinstatement (within 60 days of termination - returning from nursing home stay)

Requested Start Date: _____ ICD-9 Code: _____

Case Manager Name: _____ Phone #: _____

Instructions: Complete and mail to the chosen Case Management Agency in your county. Either the local Agency Area on Aging or Home Health Agency listed below.

County	Area on Aging Agency Providers:	Home Health Agency Providers:
Addison County	Champlain Valley Agency on Aging P.O. Box 158 Winooski, VT 05404	Addison County Home Health & Hospice P.O. Box 754 Middlebury, VT 05753
Bennington County	S. W. VT Council on Aging – Bennington 169 North Street, Stone Building Bennington, VT 05201-1826	VNA & Hospice of Southwestern Vermont Health Care 160 Benmont Avenue, Suite 17 Bennington, VT 05201
Caledonia County	Northeastern Vermont AAA 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Caledonia Home Health Care, Inc. P.O. Box 383, Sherman Drive St. Johnsbury, VT 05819
Chittenden County	Champlain Valley Agency on Aging P.O. Box 158 Winooski, VT 05404	VNA of Chittenden & Grand Isle Counties 1110 Prim Road, Suite 1 Colchester, VT 05446
Essex County	Northeastern Vermont AAA 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Orleans / Essex VNA & Hospice 46 Lakemont Road Newport, VT 05855-1550
Franklin County	Champlain Valley Agency on Aging P.O. Box 158 Winooski, VT 05404	Franklin County Home Health & Hospice 3 Home Health Circle, Suite 1 St. Albans, VT 05478
Grand Isle County	Champlain Valley Agency on Aging P.O. Box 158 Winooski, VT 05404	VNA of Chittenden & Grand Isle Counties 1110 Prim Road, Suite 1 Colchester, VT 05446
Lamoille County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	Lamoille Home Health Agency & Hospice P.O. Box 790, RD 3, Farr Avenue Morrisville, VT 05661
Orange County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	VNA of Vermont & New Hampshire 331 Olcott Drive, Suite U1 White River Junction, VT 05001
Orleans County	Northeastern Vermont AAA 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Orleans / Essex VNA & Hospice 46 Lakemont Road Newport, VT 05855-1550
Rutland County	Southwestern VT Council on Aging 1085 US Rte. 4 East, Unit 2B Rutland, VT 05701-9309	Rutland Area VNA & Hospices 7 Albert Cree Drive Rutland, VT 05701
Washington County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	Central Vermont Home Health & Hospice 600 Granger Road Barre, VT 05641
Windham County	Council on Aging S. E. Vermont 56 Main Street, Suite 304 Springfield, VT 05156	VNA of Vermont & New Hampshire 331 Olcott Drive, Suite U1 White River Junction, VT 05001
Windsor County	Council on Aging S. E. Vermont 56 Main Street, Suite 304 Springfield, VT 05156	VNA of Vermont & New Hampshire 331 Olcott Drive, Suite U1 White River Junction, VT 05001

Instructions for Case Managers:

Mail or FAX the application with assessment, permission for release of information, clinical worksheet, financial worksheet, and complete package checklist to:

Choices for Care Moderate Needs Coordinator
103 South Main Street, Weeks Building,
Waterbury, VT 05671-1601
FAX Number: 802-241-4224; Phone: 802-241-1228